

Youssef et al. make a strong case for addressing 25(OH)D concentration (vitamin D status) in hospitalized patients with infections

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Correcting vitamin D deficiency in the outpatient setting has become commonplace and is a routine in many primary care practices. This extension into the inpatient setting is timely and logical. The benefits of vitamin D testing continue to be demonstrated.¹

There are several steps that health care providers can take to assure this approach is possible: (1) arrange for rapid processing of 25-hydroxyvitamin D [25(OH)D] and serum calcium specimens; (2) gain approval from the hospital pharmacy and therapeutics committee to stock 5,000 IU vitamin D capsules; (3) identify key staff physicians to provide consultative expertise in the rapid repletion of vitamin D in septic patients; (4) identify key pharmacists who can support provider and nursing education as well as patient specific therapeutic efforts; (5) identify key nurses to educate staff in the ER, ICU and ward settings; (6) consider notifying providers of

vitamin D status, if known, at the time antibiotics or anti-viral agents are ordered; (7) correlate mortality data with vitamin D status in hospital-wide, blinded, non-judgmental communications; (8) correlate cost and length of stay data with vitamin D status in patients with infections; (9) consider addressing vitamin D status in patients at the time of scheduling for elective surgeries.

Capsules of 50,000 IU vitamin D₃ are available (e.g., Biotech Pharmacal) and can be given to patients with very low serum 25-hydroxyvitamin D concentrations.

Self-education is available at vitamind-council.com. Vitamin D conferences have

been available at several sites in North America and Europe.

Having practiced as a family physician for 25 y using the standard vitamin D dose of 400 IU and five years using vitamin D dosing sufficient to give blood levels > 50 ng/ml (> 120 nmoles/ml), I will never return to the “inky dinky dose” again.

Comment on: Youssef DA, Miller CW, El-Abbassi AM, Cutchins DC, Cutchins C, Grant WB, et al. Antimicrobial implications of vitamin D. *Dermatoendocrinol* 2011; 3:220–9; PMID: 22259647; <http://dx.doi.org/10.4161/derm.3.4.15027>

References

1. Bailey BA, Manning T, Peiris AN. Vitamin D testing patterns among six Veterans Medical Centers in the southeastern United States: links with medical costs. *Mil Med* 2012; 177:70–6; PMID:22338984

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